May is Hepatitis B Awareness Month

Timely Reporting Will Stop Perinatal Transmission of Hepatitis B

Nationally only 50% of expected births to HBsAgpositive women are identified and reported to local health agencies (CDC 2004). Therefore, only half of infants perinatally exposed to hepatitis B receive casemanagement services required to ensure timely delivery of post-exposure immunoprophylaxis.

According to the California Department of Health Services, there were an estimated 4,382 births to hepatitis B infected (HBsAg-positive) women in California in 2004, but only 58% of these expected births were reported to the State. Los Angeles County had a higher rate of reporting at 71% (741 of the estimated 1,040 births to HBsAg-positive women) in 2004.

Reporting increases the likelihood that perinatally HBV-exposed infants and their families will receive needed prophylaxis, immunizations, and follow-up. Once notified, the county's Perinatal Hepatitis B Prevention Program's case managers work with the healthcare provider, delivery hospital, and family to ensure the infant receives immunoprophylaxis at birth, completes hepatitis B immunizations on time and receives post-vaccination serological screening to verify immunity. The case manager provides the pregnant woman with linguistically and culturally appropriate health education on hepatitis B, its transmission, and prevention. The case manager also ensures that household members are referred for serological screening and immunization, if susceptible.

Screening during pregnancy

All women need to be screened for HBsAg during pregnancy. Both healthcare providers and laboratories are required by California law to report positives to the local health department (all positives, not just pregnant women). Unfortunately, in Los Angeles County, many prenatal care providers do not report the positive-HBsAg laboratory results on their patients to the health department, resulting in significant delay in the recognition of the infants susceptible to infection at birth. This delay may result in the infant not receiving timely immunoprophylaxis against hepatitis B. A new report

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should be made by prenatal healthcare providers with each pregnancy in women known to be HBsAg-positive.

Confidential Morbidity Report forms can be obtained from any health center registrar, from the Morbidity Central Reporting Unit (888-397-3993) or from the department at: www.lapublichealth.org/acd/reports/acdcmr.pdf.

Hospitals should report births to HBsAg-positive women directly to the county's Immunization Program. Hospitals and birth centers can obtain the Hospital Report-Perinatal Hepatitis B reporting form by calling 213-351-7400 or at http://lapublichealth.org/ip/perinatalhepB/index.htm. The completed Hospital Report-Perinatal Hepatitis B reporting form should be mailed or faxed to PHBPP (Los Angeles County Immunization Program, PHBPP, 3530 Wilshire Blvd., Suite 700, Los Angeles, CA 90010; fax, [213] 351-2781).

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